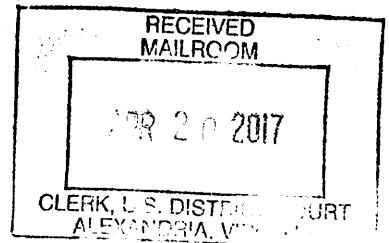


IN THE UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF VIRGINIA

UNITED STATES OF AMERICA, : Docket No. 1:15-cr-293 TSE
Respondent, :
V. :
: :
WAYNE SHELBY SIMMONS, :
Movant. :



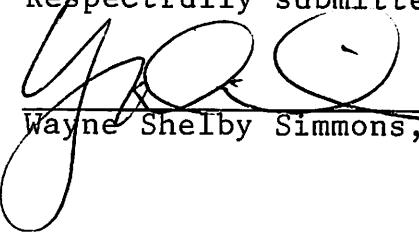
DEFENDANT'S REQUEST
FOR EXTENSION OF TIME TO RESPOND

COMES NOW, the defendant, WAYNE SHELBY SIMMONS, Pro Se, and hereby requests a thirty (30) day extension to respond to the Government's response to the defendant's 2255 motion.

The defendant requests that the deadline for filing a response to the Government's submission be extended from April 17, 2017, to May 17, 2017. The extension requested will afford the defendant adequate time to review and then rebut the voluminous records submitted by the Government in this matter.

The defendant would respectfully remind the Court that he is working pro se while incarcerated with extremely limited resources.

Respectfully submitted,


Wayne Shelby Simmons, pro se

CERTIFICATE OF SERVICE

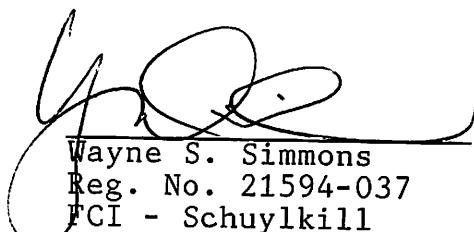
I hereby certify that, on this date, I caused service to be made of Movant's Supplemental Motion Objecting to the Presentence Report by filing on the following by Certified Mail:

Clerk of Court
Albert V. Bryan U.S. Courthouse
401 Courthouse Square
Alexandria, VA 22314

James L. Trump, Esquire
Assistant United States Attorney
2100 Jamieson Avenue
Alexandria, VA 22314

Dated:

4.13.17



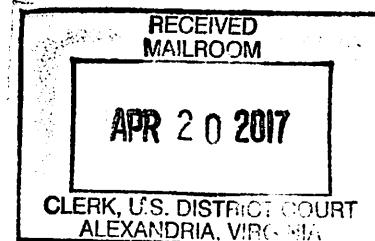
Wayne S. Simmons
Reg. No. 21594-037
FCI - Schuylkill
P.O. Box 670
Minersville, PA 17954

CAREY LINKER

200 Gramercy Plantation
Eastpoint, FL 32328
408-596-0601
cslinker@mac.com

April 14, 2017

U.S. Clerk of the Court
401 Courthouse Square
Alexandria, VA 22314



To Whom It May Concern:

I am a victim of fraud due to Sreedhar Poterazu (Case No. 1:16CR261-001). While searching for "Sreedhar Poterazu fraud 2013" on the internet, I came across a pdf for declaration of victim losses which I never received. Therefore, I am enclosing this form now. I am concerned that I never received this form. Note that I have previously submitted a victim impact letter to the Court.

Note that the above address is my new mailing address as of May 1, 2017. The previous address was 6982 Standing Pines Lane, Tallahassee FL 32312.

If I am awarded restitution by the court then I request that the Clerk of the Court issue an Abstract of Judgment to me. Thank you for your assistance!

Yours truly,



Carey S. Linker

Page 1 of 1

UNITED STATES DISTRICT COURT
FOR THE
EASTERN DISTRICT OF VIRGINIA

Declaration of Victim Losses

United States)
)
v.) 1:16CR261-001
) _____
Sreedhar Potarazu) (Case Number)

I, CAREY S. LINKER, residing at 200 Gentry Plantation Blvd.,
in the city (or county) of GULFPORT, in the state of FLORIDA, am a victim in the
above-referenced case and I believe that I am entitled to restitution in the total amount of \$ 764,000.

My specific losses as a result of this offense are summarized as follows: (attach additional pages if needed)

I have been compensated by insurance or another source with respect to all or a portion of my losses
in the amount of \$_____. The name and address of my insurance company and the claim
number for this loss are as follows:

As a result of this offense, I have (Check all that apply)

- become insolvent;
 filed for bankruptcy under the Bankruptcy Code (title 11, United States Code);
 suffered substantial loss of a retirement, education, or other savings or investment fund;
 made substantial changes to my employment (such as postponing retirement plans);
 made substantial changes to my living arrangements (such as relocating to a less expensive home);
 suffered substantial harm to my ability to obtain credit.

I declare under penalty of perjury that the foregoing is true and correct.

Date executed:

4/14/17

Carey Linker
(Signature)

(Additional Pages May be Attached)

LINKER INVESTMENTS IN VITALSPRING, LLC

\$250,000 SHARES	2/19/08
\$250,000 SHARES	2/29/08
\$50,000 SHARES	8/04/08
\$50,000 SHARES	11/03/08
\$25,000 SHARES	6/12/09
\$24,000 OPTIONS	11/29/13
\$50,000 PROMISSORY NOTE	8/02/11
\$15,000 PROMISSORY NOTE	3/5/12
\$50,000 PROMISSORY NOTE	3/19/13

TOTAL LOSS OF \$ 764,000

UNITED STATES PROBATION OFFICE

EASTERN DISTRICT OF VIRGINIA

DECLARATION OF VICTIM LOSSES WORKSHEET

Please use this portion of the form to list any expenses you have had or paid as a result of this crime. Some of the sections may not apply in your case. Please attach copies of all records necessary to support your losses or costs listed below. Attach additional pages as needed.

A. Crime Related Losses and/or Costs (Individual)

1. List your loss of personal property or belongings resulting from this crime, including damage to or destruction of your property. You may also include expenses associated with your losses.

_____	\$ <u>0</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____

2. List any medical expenses incurred as a result of this crime. You may wish to include expenses for doctors, medications, hospitalization, physical or occupational therapy, counseling, psychiatric treatment, medical supplies, etc.

_____	\$ <u>0</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____

3. Please describe any future medical or counseling expenses your doctor or therapist anticipates. Attach an estimate of these costs from the provider.

_____	\$ <u>0</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____

4. If there were any funeral expenses, please list them.

_____	\$ <u>0</u>
-------	-------------

5. Please list other related expenses which you incurred. You may wish to include such items as child care, transportation costs for medical treatment or court appearances, fees incurred with banks and credit card companies, etc.

_____	\$ <u>0</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____

6. Please indicate the total amount of money you lost in wages, if applicable. This may include income or wages lost due to inability to work because of the crime, attending court, or visits to your doctor or therapist.

Amount of lost wages or income: \$ 0

B. Money you were paid by insurance, victim compensation, or other sources. Whenever possible, attach copies of receipts of insurance payments.

1. Personal

Property, auto, or homeowners insurance: \$ 0

Name of company _____

Claim No. _____

Address _____

Phone No. _____

Medical insurance: \$ 0

Name of company _____

Claim No. _____

Address _____

Phone No. _____

Other--list sources and amounts:

\$ 0

2. Have you applied for crime victim compensation benefits? Yes / No _____

If you received compensation as a result of your claim, please list the amount: 0 through restitution
\$ 0 via court

Total money received from insurance, crime victim compensation, and other sources: \$ 0

Upon completion of this worksheet, please attach it to your Declaration of Victim Losses, Modified Probation Form 72; and return it within 5 days to the U.S. Probation Office.

PERSONAL

Name: CARLY LINKER

Signature: Carly Linker

Date: 4/14/17

Address: 200 Energy Plantation Blvd City: Eastpoint State: FL Zip Code: 32328

Home Telephone Number: Work Telephone Number: _____

Wright J. Morris 4594037

Federal Prison

P.O. Box 670

Minersville,

Mailed from
Federal Prison
Schuylkill
County



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R2305K141054-02

21594-037
Clerk Us District Court
401 Courthouse Sq.
AV Bryan US Courthouse
Alexandria VA 22314
United States

